Form **990**

Return of Organization Exempt from Income Tax

Under Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For t	he 2001 calend	dar year, c	r tax year beginnin	~	, 200°	1, and e	ending			Ī	
В	Check	if applicable:		C Name of organization	on				D Em	oloyer idei	ntification Number	
	∏ A∢	ddress change	Please use IRS label	Minnesota G	round Wate	r Associati	on		41	-1434	4403	
	N:	ame change	or print or type.	Number street (or	P.O. box if mail is no	t delivered to street add	ir) Roo	m/suite	E Tele	phone nu	mber	
	In	itial return	See specific	4779 126th	Street Nor	th			1 (6	51) 2	276-8208	
	Fi	nal return	instruc- tions.	City, Town or Coun			ate ZIP	code + 4		ounting hod:	Cash X	Accrual
	Aı	mended return		White Bear	Lake	М	N 55	110-5910		Other (sp		_ · · · · · · · · · · · · · · · · · · ·
	Па	pplication pending		on 501(c)(3) organi:		7(a¥1) nonexempt		H and I are not appli	icable to S			
	Ш.	, ,	charit	able trusts must at	tach a complete	d Schedule A	I	H (a) Is this a grow			_	X No
			(Form	990 or 990-EZ).				H (b) If 'yes,' ente			_	٠٠. يع
<u>G</u>	Web	site: ►					- 1	H (c) Are all affilia			_	X No
J	Orga	nization type		[C]	_		-	(If 'no,' atta			لنسنا	(<u></u>
		ck only one)			6 ◀ (insert no.)	4947(a)(1) or	527	H (d) Is this a sep	arate retu	rn filed by	an	
K				nization's gross rec				organization				No
	recei	ived a Form 99	90 Packag	eed not file a return e in the mail, it sho	ould file a return	without financial o	data.	I Enter 4-d	igit grou	JD GEN		
	Som	e states requir	e a comp	ete return.			l			•	ation is not require	ed .
L	Gros	s receipts: Add	d lines 6b,	8b, 9b, and 10b to	line 12 ► 52,	212.), 990-EZ, or 990-P	
	пI			ses, and Chan			Balanc	es (see instruc	tions)			·····
P.1.1.1.1	1			ants, and similar an								
	a								0.			
									***	-		
		Government	contributio	ons (grants)			1с			-		
	d	Total (add lines la through 1c) (c	ash \$		noncash \$)			1 d		0.
	2	Program serv	ice reven	ue including goverr	nment fees and	contracts (from Pa	rt VII, I	ine 93)		2	38	,505.
	3	Membership (dues and	assessments						3	13	,158.
	4	Interest on sa	avings and	temporary cash ir	vestments					4		
	5	Dividends and	d interest	from securities						5		
	l .									_		
										_		
	C			oss) (subtract line 6	•	,						
Ŗ	7	Other investm	nent incon	ne (describe	▶			T)	7		
REVERUE	8a	Gross amoun	nt from sal	es of assets other	├	(A) Securities		(B) Othe	er	-		
Ň							8a			-		
Ĕ				is and sales expen			8b			-		
	1			le)	_		8 c					
	ď	,	, ,	bine line 8c, colum						8d		
	٦	•		ivities (attach sche		of contributions						
	"			luding \$				J				
	₁ ,	•		other than fundrais						-		
	l			om special events						9 c		
				y, less returns and					67.	000000000000000000000000000000000000000		
				ld					9	10000000000001		
			-	les of inventory (attach						10 c		58.
	11	Other revenu	e (from P	art VII, line 103)						11		482.
	12	Total revenue	e (add line	s 1d, 2, 3, 4, 5, 6c	, 7, 8d, 9c, 10c,	and 11)				. 12	52	,203.
E	13	_	-	n line 44, column (E	• •							,161.
χ̈́P	14	_	_	ral (from line 44, c							4	<u>,759.</u>
E N	15		-	44, column (D))								
EXPENSES	16			(attach schedule) .						. 16		
_s	17			nes 16 and 44, colu								<u>, 920 .</u>
Ą	18			he year (subtract li								<u>, 283 .</u>
N S E E	19			ances at beginning								<u>, 569 .</u>
T T	I .	=		ssets or fund balar								,161. 691
	21	INEL ASSETS OF	Tund bala	ances at end of vea	ar (compline line)	s ia. 19. and 201				21	21	h41

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

ı	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch)					
	(cash \$					
	non-cash \$)	22				
23	Specific assistance to individuals (att sch)	23 24				
24 25	Benefits paid to or for members (att sch)	25	0.	· · · · · · · · · · · · · · · · · · ·		
26	Other salaries and wages	26	6,113.	3,713.	2,400.	
27	Pension plan contributions	27		3,123.	2,400.	· · · · · · · · · · · · · · · · · · ·
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31	1,200.		1,200.	
32	Legal fees	32				
33	Supplies	33	1,023.	625.	398.	
34	Telephone	34	464.	85.	379.	
35	Postage and shipping	35	2,689.	2,552.	137.	
36	Occupancy	36	3,585.	3,585.		
37	Equipment rental and maintenance	37				
38	Printing and publications	38	10,242.	10,222.	20.	
39	Travel	39	791.	791.		
40	Conferences, conventions, and meetings	40	11,120.	11,042.	78.	
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42				
43	Other expenses not covered above (itemize):					
•	a 5000 Programs:5100 Spring Conf:5199 Bank Fees	43a	239.	239.		
1	5000 Programs:5300 Field Trip:5398 VISA Fees	43b	55.	55.		
•	C 5000 Programs:5300 Field Trip:5399 Profit Sp	43c	252.	252.		
•	d 4000 Admin:4100 Fin. Admin.:4198 Bad Debts	43d	10.		10.	
	See Other Expenses Stmt	43e	137.		137.	
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	37,920.	33,161.	4,759.	
Join	t Costs. Check . ► if you are following S	SOP 9	8-2.			
Are ·	any joint costs from a combined educational	camp	aign and fundraising solid	citation reported in (B) F	Program services?	. ► Yes X No
	es,' enter (i) the aggregate amount of these				mount allocated to progr	am services
\$_	; (iii) the amount allo	ocated	to management and gen	eral \$; and (iv) the	e amount allocated
****	indraising \$.					
200000	t III Statement of Program Serv					
Nha ∧‼ o	t is the organization's primary exempt purpo	se? ►	Ground Wate	r Education	to the number of	Program Service Expenses (Required for 501(c)(3) and
lier	rganizations must describe their exempt pur its served, publications issued, etc. Discuss ons & section 4947(a)(1) nonexempt charita	achiev	ements that are not mea	surable. (Section 501(c)	(3) & (4) organ-	(4) organizations and 4947(a)(1) trusts; but optional for others.)
					ations to others.)	optional for others.)
•	Ground_water_education_pr_a among the public and info					
	among the public and into	<u>-</u>	COPIC OIL BUDILL	- horicy 13306;	·	
				allocations \$	10,474.)	11,534.
	Publications: Newsletter	of 1		anocations J	10,474.)	11, 554.
	(recorded on 990T)	<u> </u>				
			(Grants and	allocations \$	0.)	8,330.
	c Environmental directory					
	(recorded on 990T)					
						7.50
	d Cround water advention	00.5		allocations \$	0.)	750.
	d Ground water education pr in 2001 the fall conferen					
	III ZOOT LIIE TALL COINETEIL	·	2110 - 1 1 5 10 T L I D 1	Weie reciliing		
				allocations \$	0.)	12,408.
	e Other program servicesPublic.Ed	ucat		allocations \$	· · · · · · · · · · · · · · · · · · ·	139.
	f Total of Program Service Expenses (shou			 		33,161.

Part IV Balance Sheets (See instructions)

						,	
Note	e: 	Wh. colu	ere required, attached schedules and amounts within umn should be for end-of-year amounts only.	the description	(A) Beginning of year		(B) End of year
	-	45	Cash — non-interest-bearing		6,409.	45	18,277.
i		46	Savings and temporary cash investments		16,956.	46	6,792.
					74		
		47 a	Accounts receivable	47a 950.			
ı		b	Less: allowance for doubtful accounts	47b	25.	47 c	950.
		48 a	Pledges receivable	48a			
			Less: allowance for doubtful accounts			48c	
			Grants receivable			49	····
A	:		Receivables from officers, directors, trustees, and ke employees (attach schedule)	y	7,77	50	
S		51 a	Other notes & loans receivable (attach sch)	1 h			
A S E T S			Less: allowance for doubtful accounts			51 c	
			Inventories for sale or use		373.	52	271.
			Prepaid expenses and deferred charges		<u> </u>	53	211.
			Investments – securities (attach schedule)	'		54	
- 1			Investments – land, buildings, & equipment: basis .	. – – ,		34	
			Less: accumulated depreciation				
		EC	(attach schedule)			55 c	
			Land, buildings, and equipment: basis	1 F		56	
	•	5/ a	Land, buildings, and equipment, basis	5/4			
		b	Less: accumulated depreciation (attach schedule)	57 h		F7 -	
		EΩ	Other assets (describe See Line 58 Stmt		-3,970.	57 c	-4,599.
			Total assets (add lines 45 through 58) (must equal lines 45 through 58)		19,793.	59	21,691.
	_		Accounts payable and accrued expenses			60	21,691.
		61	Grants payable	+	2,223.	61	
۱			Deferred revenue	}-		62	
A B I			Loans from officers, directors, trustees, and key employees (attach:	<u> </u>		63	
Ļ			Tax-exempt bond liabilities (attach schedule)			64a	
L T			Mortgages and other notes payable (attach schedule)	7	,	64b	
Ė			Other liabilities (describe ► See Line 65 Str	T T	1.	65	0.
Ĭ			Total liabilities (add lines 60 through 65)		2,224.	 	0.
			zations that follow SFAS 117, check here		2,224.		
N E T	٠.,	guin	through 69 and lines 73 and 74.	a complete inles of			
		67	Unrestricted			67	
Š			Temporarily restricted			68	
ASSETS			Permanently restricted	!		69	
			zations that do not follow SFAS 117, check here ►	X and complete lines	* ***		
R	•	•	70 through 74.				
רים		70	Capital stock, trust principal, or current funds			70	
	•		Paid-in or capital surplus, or land, building, and equip	ļ.	13,652.	71	13,677.
¥			Retained earnings, endowment, accumulated income	F	3,917.	72	8,013.
BALAZCES			Total net assets or fund balances (add lines 67 throu 72; column (A) must equal line 19 and column (B) must	ah 69 or lines 70 through	17,569.	73	21,690.
S		74	Total liabilities and net assets/fund balances (add lin	· •	19,793.	74	21,690.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

	Financial Statements with per Return (See instruction)	ı Revenue	Fartives Reconciliation of Expenses per Audited Financial Statements with Expenses per Return						
а	Total revenue, gains, and other support per audited financial statements	a	а	Total expenses and financial statements	losses per audited	а			
b	Amounts included on line a but not on line 12, Form 990:		b	Amounts included or on line 17, Form 990					
(1)	Net unrealized gains on investments \$		((1) Donated services and use of facilities \$					
(2)	Donated services and use of facilities \$		((2) Prior year adjust- ments reported on line 20, Form 990 \$					
(3)	Recoveries of prior year grants \$		((3) Losses reported on line 20, Form 990 \$					
(4)	Other (specify):		((4) Other (specify):					
	\$			\$					
_	Add amounts on lines (1) through (4)	b		Add amounts on lines (1)	• , ,				
с	Line a minus line b	<u>C</u>	С	Line a minus line b		C			
d	Amounts included on line 12, Form 990 but not on line a:		d	Amounts included or Form 990 but not on	line 1/, line a:				
(1)	Investment expenses not included on line		((1) Investment expenses not included on line					
	6b, Form 990 \$			6b, Form 990 \$					
(2)	Other (specify):		((2) Other (specify):					
	_{\$}								
	Add amounts on lines (1) and (2)	d		Add amounts on line	es (1) and (2) ►	d			
е	Total revenue per line 12, Form 990 (line c plus line d)	е	е	Total expenses per 990 (line c plus line	line 17, Form d) ▶	е			
Par	V List of Officers, Directors,	Trustees, and Key E		loyees (List each one	even if not compen	sate			
	(A) Name and address	(B) Title and average ho per week devoted to position	urs	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefi plans and deferre compensation	it	(E) Expense account and other allowances		
	<u>Caho, Bergersen Caswell</u> 5 Industrial Blvd Maple Plain	President-Elect	2	0.		0.	0.		
	Stark_USGS								
	O Woodale Dr Moundsview	President	1	0.		0.	0.		
233	Falteisek 4 Dorland Pl St. Paul	Secretary	2	0.		0.	0.		
	<u>c Hansen</u> Breadway St W Osseo	Treasurer	2	0.		0.	0		
	Clark	i i easurer		0.		<u>U.</u>	0.		
357	2 Golfview Dr St. Paul	Editor	10	0.		0.	0.		
	es Lundy 5 Arona St. Paul	Past-President	7	0.		0.	0.		
		_							
		-							
		-							
		-							
75	Did any officer, director, trustee, or ke than \$100,000 from your organization \$10,000 was provided by the related of 'Yes,' attach schedule — see instruc	and all related organization organizations?	ns.	of which more than		► [Yes X No		

ra:	Will Other Information (See specific instructions.)			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS	5?	77		Х
	If 'Yes,' attach a conformed copy of the changes.				
78 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year	covered by this return?	78a	Χ	
ŀ	olf 'Yes,' has it filed a tax return on Form 990-T for this year?		78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		79		Х
20 s	ls the organization related (other than by association with a statewide or nationwide organizat	ion) through common			
000	membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt org	anization?	80 a	Χ	
ŀ	olf 'Yes,' enter the name of the organization MGWA Foundation				
	and check whether it is X ex	cempt or nonexempt.			
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a 0.			
ŀ	Did the organization file Form 1120-POL for this year?		81 b		Χ
82 :	a Did the organization receive donated services or the use of materials, equipment, or facilities	at no charge or at			
-	substantially less than fair rental value?		82 a	Χ	
ŀ	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b			
83 <i>a</i>	Did the organization comply with the public inspection requirements for returns and exemption	applications?	83a	Х	
ŀ	Did the organization comply with the disclosure requirements relating to quid pro quo contribu	tions?	83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84 a	X	
ŀ	If 'Yes,' did the organization include with every solicitation an express statement that such connot tax deductible?	ntributions or gifts were	84 b	Χ	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		85 a	X	
ŀ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	Χ	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the	e organization received a			
	waiver for proxy tax owed for the prior year. Dues, assessments, and similar amounts from members				
	Section 162(e) lobbying and political expenditures				
	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices				
	Taxable amount of lobbying and political expenditures (line 85d less 85e)				
	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		85 g	*********	*********
ŀ	n If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85 h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on				
	line 12	86 a			
ł	Gross receipts, included on line 12, for public use of club facilities	86b			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders				
,	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	87 Ь			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable or an entity disregarded as separate from the organization under Regulations Sections 301.77 If 'Yes,' complete Part IX	orporation or partnership, 01-2 and 301.7701-3?	88		x
	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year un- Section 4911 ►	der:			
ŀ	• 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any Section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If 'explaining each transaction	Yes,' attach a statement	89 b		
(Enter: Amount of tax imposed on the organization managers or disqualified persons during th year under Sections 4912, 4955, and 4958	e 			
•	Enter: Amount of tax on line 89c, above, reimbursed by the organization				
90 a	a List the states with which a copy of this return is filed ► <u>Minnesota</u> • Number of employees employed in the pay period that includes March 12, 2001 (see instruction)			,	- -
					0
91	The books are in care of Dr. Jeanette Leete Telephone nu	mber ► <u>(651)</u> <u>276-8</u>	<u> 208</u>		
	Located at ► 4779 126th Street North White Bear Lake	MN_ ZIP + 4 ► <u>55110</u>) <u>- 59</u>	10_	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check h				▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 92			

Business code Amount Exclusion code Amount function income of the program service revenue: a Spring Conference b Fall Conference c Field Trip d d fees & contracts from government agencies of Fees & co		·		_ (= == ===============================	,		
Amount subsect of the state of	N-4		Unrelated	business income	Excluded by s	ection 512, 513, or 514	(E)
a Spring Conference 19,	note: Ente otherwise	er gross amounts unless indicated.			(C) Exclusion code	(D) Amount	Related or exempt function income
b Fall Conference	93 Pro	ogram service revenue:					
b Fall Conference 12,							19,820.
Field Trip d 6 6 6 6 6 6 6 6 6 6 6 6	b Fa	all Conference					12,110.
d f Medicare/Medicaid payments g Feek & centracts from gueroment agencies 9 Membership clause and assessments 13 Membership clause and assessments 14 13, 15 Interest income or class) from sele state 16 Dividenced or property 17 Interest income or class) from pest state 18 Met retail income or (loss) from pest state 19 Other investment income 10 Gain or (loss) from pest state 10 Gain or (loss) from pest or state 10 Gain or (loss) from sales of assests 11 of the riverstment income 12 Gross prefit or (loss) from sales of assests 13 of their reventure in a selection of the organization's exempt purposes (other than by providing funds for such purposes). 10 Information Regarding Taxable Subsidiaries and Discograted Entities (See instructions.) 10 Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) 10 Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) 10 Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) 10 Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) 10 Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) 10 Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) 10 Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) 10 Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) 10 Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) 10 Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) 10 Information Regarding Transfers	c F	ield Trip					6,575.
f Medicaren/Medical payments. gines & centratist from genoment agracies. 94 Membership clues and assessments. 95 Interest on savings & temporary cash immins. 96 Dividends & interest from securities. 97 Met retail income or (loss) from pressure. 98 Interest in income (cross) from pressure. 99 Interest on savings & temporary cash immins. 90 Interest on savings & temporary cash immins. 90 Interest on savings & temporary cash immins. 91 Interest on savings & temporary cash immins. 92 Interest on savings & temporary cash immins. 93 Other investment income 94 Interest on savings & temporary cash immins. 95 Interest on savings & temporary cash immins. 96 Interest on savings & temporary cash immins. 97 Interest on savings & temporary cash immins. 98 Not restall income or (loss) from passes of assets of the savings of temporary cash immins. 99 Other investment income 100 Gain or (loss) from sales of assets of temporary cash income income savings and cash income or (loss) from sales of inventory. 98 Not restall income or (loss) from sales of inventory. 99 Other investment income 90 Other investment income 90 Other investment income 90 Other investment income 91 Other income of tess prome sales of inventory. 92 Other investment income 93 Other revenue: 94 Subbala (add columns (S), (0)), and (C)). 95 Subbala (add columns (S), (0)), and (C)). 95 Subbala (add columns (S), (0)), and (C)). 96 Subbala (add columns (S), (0)), and (C)). 97 Subbala (add columns (S), (0)), and (C)). 98 Subbala (add columns (S), (0)), and (C)). 99 Subbala (add columns (S), (0)), and (C)). 90 Subbala (add columns (S), (0)), and (C)). 90 Subbala (add columns (S), (0)), and (C)). 91 Subbala (add columns (S), (0)), and (C)). 92 Subbala (add columns (S), (0)), and (C)). 93 Subbala (add columns (S), (0)), and (C)). 94 Subbala (add columns (S), (0)), and (C)). 95 Subbala (add columns (S), (0)), and (C)). 95 Subbala (add columns (S), (0)), and (C)). 96 Subbala (add columns (S), (0)), and (C)). 97 Subbala (add colum	d						
special contracts from government agencies. 95 Interest on savings & temporary cash immosts. 95 Interest on savings & temporary cash immosts. 96 Dividends & interest from securities. 97 Net restal income or (loss) from rale state. 98 a debt-financed property. 99 Other investment income. 100 Gain or (loss) from sales of assets other than inventory. 101 Net income of (loss) from sales of assets other than inventory. 102 Gross pend or object financed property. 103 Other revenue: a substitution of the saving	е						
94 Membership dues and assessments. 95 Interest on aurigs & temporary each immust. 96 Dividends & interest from securities. 97 Net tental income or (loss) from securities. 97 Net tental income or (loss) from past prop. 98 Net retails income or (loss) from past prop. 99 Other investment income. 100 Gain or (loss) from pasted events. 110 Gain or (loss) from pasted events. 111 He income or (loss) from pasted events. 112 Gross profit or gloss) from pasted events. 113 John or (loss) from pasted events. 114 John or (loss) from pasted events. 115 Total (add columns (8), (0), and (E)). 116 Total (add columns (8), (0), and (E)). 117 John or (loss) from pasted events. 118 John or (loss) from pasted events. 118 John or (loss) from pasted events. 119 John or (loss) from pasted events. 110 John or (loss) from pasted events. 110 John or (loss) from pasted events. 110 John or (loss) from pasted events. 111 John or (loss) from pasted events. 111 John or (loss) from pasted events. 112 John or (loss) from pasted events. 113 John or (loss) from pasted of assets. 114 John or (loss) from pasted events. 115 John or (loss) from pasted events. 116 John or (loss) from pasted events. 117 John or (loss) from pasted events. 118 John or (loss) from pasted events. 118 John or (loss) from pasted events. 119 John or (loss) from pasted events. 110 John or (loss) from pasted events. 110 John or (loss) from pasted events. 111 John or (loss) from pasted events. 111 John or (loss) from pasted events. 112 John or (loss) from pasted events. 113 John or (loss) from pasted events. 113 John or (loss) from pasted events. 115 John or (loss) from pasted events. 116 John or							
95 Interest on average & temporary coats inventible. 96 Dividendos & interest from securities. 97 Net restal income or (loss) from real estate. 98 de testal income or (loss) from real estate. 99 Other investment income. 100 Garn or (loss) from select of class) from selection of class from selection of class from selection. 101 Net income or (loss) from selection of class from selec							13 150
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Differ revenue: a b Newsletter 990T c Directory 990T d d e 104 Subtotal (add columns (B), (D), and (E)) Solution (add line 104, columns (B), (D), and (E)) Solution (add line 104, columns (B), (D), and (E)) Solution (add line 104, columns (B), (D), and (E)) Solution (B) plus line 1d, Part I, should equal the amount on line 12, Part I. Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.) Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). a ground water education program b ground water education program c ground water education program d related to a ground water education program d related to a ground water education program Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.) Nature of activities Total income assets Brant X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.) **Signature** **Note: It 'Yes' to (b), file Form 8870 and Form 1970 and 1970 and Form 1970 and Form 1970 and Form 1970 and Form 1970 and 1970 and Form 1970 and	101 Net	income or (loss) from special events					
b Newsletter 990T			453220	58.			
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to subtotal (add columns (B), (D), and (E))							
Subtotal (add columns (B), (D), and (E)	c <u>D</u> :	irectory 990T	541860	196.			
Substal (add columns (B), (D), and (E)	d						
Total (add line 104, columns (B), (D), and (E)) Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I. Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.) Line No. □ Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). □ a ground water education program □ b ground water education program □ c ground water education program □ related to a ground water education program □ responsible program to the set of water assets with the program to the peat of my knowledge and belief, the program to the peat of my knowledge and belief, the program to the peat of my knowledge and belief, the program to the peat of my knowledge and belief, the program to the peat of my knowledge and belief, the program of program (other than officier) is based on all information of which preparer has any knowledge and belief, the program of program (other than officier) is based on all information of which preparer has any knowledge and belief, the program and the							
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partnership, or disregarded entity ownership interest		(A)	(B)	(C	;)	(D)	(E)
partnership, or disregarded entity ownership interest	Name	. address, and EIN of corporation.	Percentage of	f Nature of	activities	Total	End-of-year
Second Preserts Signature of Officer					activities		
Signature of Officer Signature of Officer Type or Print Name and Title				%			
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b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Part X	Information Regarding Tra	nsfers Assoc	iated with Perso	nal Benefit C	ontracts (See instruc	ctions.)
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	a Did th	e organization, during the year, receive any fu	inds, directly or indi	rectly, to pay premiums on	a personal benefit co	ontract?	. Yes X No
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Please Sign Here Signature of Officer Date	11010.				r schedules and state	ements, and to the hest of my	knowledge and helief it is
Sign Here Signature of Officer Eric 3. Hausen, Treasurer Type or Print Name and Title Paid Preparer's Signature Preparer's Signature Firm's name (or yours if self-employed) and address. Preparer's Signature Firm's name (or yours if self-employed) and address. Firm's name (or yours if self-employed) and address.		true, correct, and complete. Declaration of p	reparer (other than o	fficer) is based on all inform	ation of which prepar	rer has any knowledge	knowledge and belief, it is
Here Eric 3. Hausen, Treasurer Type or Print Name and Title	Please	► Erich.)Jans	en			8/ <i>8/0</i>	12
Type or Print Name and Title Preparer's Signature Firm's name (or yours if self-employed) and address. Preparer's Signature Firm's name (or yours if self-employed) and address. Preparer's SSN or PTIN (se General Instruction W) Preparer's SSN or PTIN (se General Instruction W) Firm's name (or yours if self-employed) and address.	Sign	Signature of Officer	· · · · · · · · · · · · · · · · · · ·			Date	
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Pre- parer's Use Signature WRI 4779 126th St. N EIN ► 41-1571648		Type or Print Name and Title	, _ ,	. 1 - 4) 0 1 6	1		
Pre- parer's Use Signature WRI 4779 126th St. N EIN ► 41-1571648			·		Date	Charle if Prenai	rer's SSN or PTIN (see
parer's Firm's name (or yours if self-employed) A779 126th St. N EIN ► 41-1571648						Sell.	al Instruction W)
Use yours if self-employed > 4779 126th St. N EIN ► 41-1571648						employed X	
Only and address.							
and ZIP + 4 White Bear Lake MN 551105910 Phone no ► (651) 426-8795		yours if 4770 136:	h C+ 11			l	4.0
		self-employed) \blacktriangleright 4//9 126t			440		

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under Section 6033(e))

2001

OMB No. 1545-0687

De Int

For calendar year 2001 or other tax year beginning 2001. and ending

Depa	rtment of the Treasury nal Revenue Service		und chang	onar	ata inc	tructions.					
	Check box if	1				changed and see in	structions)	D		landidan Nambar
	address changed		Minnesota Ground					•		(Employees	lentification Number ' trust, see for Block D.)
В	Exempt under Section	Please	Number, Street, and Room or Suite					···-··	-	41-143	
	X 501(c)(6)	Print or Type	4779 126th Street	Nic	· ·r+h	•	•		-		
	408(e) 220(e)	lybe	City or Town	IVC	וו נוו		State ZII	P Code	_ E	Activity Cod	ted Business les (See
	408A 530(a)		1								for Block E.)
_		F 0	White Bear Lake	. 4	L:		<u>MN 5</u>	5110-5910		541860	0 453220
С	Book Value of All Assets at End of Year		p exemption number (see ins					(-) 4	1017		TT0"
	21,691.		k organization type		0 I (C)	corporation	1 15010	(c) trust	W1(2	a) trust	Other trust
	•		y unrelated business activity.	•							
	Advertising in										N NIN
		-	ration a subsidiary in an affil			•	upsidiar	y controlled grou	ıp?	– 🗀	Yes X No
			fying number of the parent co	orpoi	ration	····				/CE1\ :	76 0300
	t I Unrelated Tra		Jeanette H. Leete			(0) In a con-		elephone numbe		(651) 2	276-8208
						(A) Incom	ie	(B) Expens	es ******		(C) Net
,	a Gross receipts or sales		<u>67.</u>				C 7				
			c Balance		1c		67.				
_	- · · · · · · · · · · · · · · · · · · ·		line 7)		3		8.				
3			line 1c)	-			59.				59.
	. •	•	Schedule D)		4a						
	•	•	8) (attach Form 4797)	-	4b					<u></u>	
_				- -	4c						
5		tnersnips	and S corporations		5						
6	•			-	6				*******	***	
7	*	•	(Schedule E)	-	7						
8	Interest, annuities, roy	alties, and	rents from controlled								
				-	8						
9			, (9), or (17) organization (Sch G) .		9						
10	· ·	-	(Schedule I)		10						
11	-			_	11		286.	1,	401	1.	-1,115.
12	Other income (see inst	ructions –	· attach schedule)								
				-	12						
13			2)		13	•	345.		401	١.١	-1,056.
	TI Deductions N	NOT LAKE	en Elsewhere (See instructed deductions must be directly of the directly of th	ction:	s for li ected	mitations on de with the unrela	eduction ated hus	is.) iness income \			
									T =	- 	
	•	,	ors, and trustees (Schedule h	,					. 14	_	
15									1		
16	•								-		
17									-		
18	•	•									
19									_	_	
20		•	tructions for limitation rules)			1			. 20	0	
21											
22	· ·		hedule A and elsewhere on i						\rightarrow	2b	
23	•								_		-
24		•	nsation plans								
25	, , , , ,										
26		-	dule I)								
27	•	•	ule J)								
28	•		le)						_		
29	•		nrough 28)								1 055
30			me before net operating loss			-		•			-1,056.
31	. •										1 055
32			me before specific deduction								-1,056.
33			,000, but see line 33 instruct						. 3	3	
34	Unrelated business tax the smaller of zero or l	cable inco ine 32	me (subtract line 33 from line	e 32)	. If lin	e 33 is greater	than lir	ne 32, enter	. 3	4	-1,056.

Part III	Tax Computation	1									
35 Organ	izations Taxable as C	orporations (se	e instruction	s for tax compu	tation)	,					
_	lled group members (<u> </u>		instructions and:					
	your share of the \$50						nr) ·				
	your strate of the 400		ii iα ψυ,υ2υ,α	(3)		Moto (iii tilat orac	17.				
(1) [\$		(2) \$	504 1 4 1			· · · · · · · · · · · · · · · · · · ·	,				
	organization's share o										
(2) add	litional 3% tax (not m	ore than \$100,0	00)			<u> </u> \$					
c Incom-	e tax on the amount o	on line 34						35 c			0.
36 Trusts	Taxable at Trust Rate	es (see instructi	ons for tax o	computation) Inc	ome ta	x on the amount					
							>	36			
	tax (see instructions)			•				37			—
-	•										
	ative minimum tax							38			
	add lines 37 and 38 t		whichever	applies)				39			0.
Part IV	Tax and Paymen	ts									
40 a Foreig	n tax credit (corporati	ons attach Forn	n 1118; trus	ts attach Form 1	116)	40 a					
-	credits (see instructio										
	•	-)	·				
_	al business credit – C		ilidicate will	cii ioriiis are att	acrieu.	1 1		i			
		s) (specify) 🟲				40 c					
	for prior year minimu										
e Total o	redits (add lines 40a	through 40d)						40 e			
41 Subtra	act line 40e from line 3	39 <i>.</i>						41			0.
	taxes, Check if from:										
	her (attach schedule)							42			
	•										
	ax (add lines 41 and							43			0.
	ents: a 2000 overpa										
	stimated tax paymen										
c Tax de	eposited with Form 88	68				44c					
d Foreig	n organizations – Ta:	x paid or withhe	ld at source	(see instruction	s)	44 d					
	p withholding (see ins										
	credits and payments										
								45			
	payments (add lines 4										
	ated tax penalty (see							46			
47 Tax dı	ie – If line 45 is less	than the total of	lines 43 an	d 46, enter amoi	unt owe	ed		47			
48 Overp	ayment - If line 45 is	larger than the	total of line	s 43 and 46, ent	er amo	unt overpaid		48			0.
49 Enter	the amount of line 48	you want: Cred	ited to 2002	estimated tax	-		Refunded ►	49			
	Statements Rega					nation (see inst	ructions)	·			
	time during the 2001							ority o	ver a	Yes	No
_	_	-	_					-	L		
	ial account in a foreig										X
If 'Yes	,' the organization ma	ay have to file F	orm 1D F 90)-22.1. If 'Yes,' 6	enter th	e name of the for	eign country he	re			
_											
2 During	the tax year, did the	organization re	ceive a disti	ibution from, or	was it	the grantor of, or	transferor to, a	foreig	n trust?		Χ
	,' see the instructions										
	the amount of tax-exe		-	•		ar ►\$					
	A — Cost of Goo				, tan y c	<u> </u>					2000000000
	ventory valuation (sp		11134 4040113,	<u>'</u>							
			1		1 -						
1 Invent	ory at beginning of ye	ear	1		-i	Inventory at end	of year	6			
2 Purch	ases		2	8	. 7	Cost of goods so	ld. Subtract				
3 Cost o	of labor		3			line 6 from line 5.	. (Enter here				_
					-	and on line 2, Pa	rt l.)	7			<u>8.</u>
4a Addition	nal Section 263A costs (atta	acii schedule)	_							Yes	No
			4a		- 8	No the rules of C	action 262A (wit	h roon	oot to		
b Other co (attach			4b			Do the rules of Sproperty produce					
	- Add lines 1 through	4b	5	8	.	to the organization				İ	Χ
	Under penalties of peritrue, correct, and com	jury, I declare that I	have examined	this return, including	accompa	nying schedules and st	atements, and to the	best of	my knowledge	and belie	ef, it is
Sign	true, correct, and com	plete. Declaration of	preparer (other	/		*****	_				
Here	She	fr Her	nsen	<u>। ৪/৪/৩</u>	<u> </u>	1 reasur	er		e IRS discuss the parer shown be		
	Signature of Office	er [♥]		Date		Title		instruc		· · ·	No
•				······································		Date		Prer	parer's SSN or F		, , , , ,
	Preparer's Signature					2310	Check if	_1 '	,a,c, a doin of f	1117	
Paid	Jigilature					<u></u>	self-employed				
Preparer'	S Firm's Name	WRI					EIN 41-	<u> 1571</u>	648		
Use Only											
OSC CITY	self-employed)	- 4779 126	th St. N	V							
USE OINY	self-employed) Address, and ZIP Code	► 4779 126 White Be		<u> </u>	MN	551105910	Phone Number	(6	51) 426	-879	5

(1) (2) (3) (4) 4 Amount of average adjusted basis of acquisition debt on or allocable to debt-financed or allocable to debt-financed divided by reportable (column 4)	structions)
(d) 2 Rent received or accrued (if the percentage of rent for personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (1) (2) (3) (4) Total income (Add totals of columns 2(a) and 2(b). Enter here and on line 6, column (B), Part 1, page 1.) Schedule E — Unrelated Debt-Financed Income (see instructions) 1 Description of debt-financed property (2) 3 Deductions directly conwith the income in columns 2(a) and 2(b). Enter here and on line 6, column (B), Part 1, page 1.) Schedule E — Unrelated Debt-Financed Income (see instructions) 2 Gross income from or allocable to debt-financed property (a) Straight line depreciation (attach sch) (b) Gibrar developed (attach schedule) (c) (3) (4) 2 Gross income from or allocable to debt-financed property (a) Straight line depreciation (attach sch) (b) Other (attach schedule) (c) (a) 4 Amount of average adjusted basis of or allocable to debt-financed property (attach schedule) (b) Other (attach schedule) (c) (a) 4 Amount of average adjusted basis of or allocable to debt-financed property (attach schedule) (b) Other (attach schedule) (c) 8 Allocable (column 2 x column 6) (c)	
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Canage of the percentage of rent for personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and personal property exceeds 50% or personal property exceeds 50% or if the rent is based on profit or income) (attach schedule)	
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(1)	e deductions 6 x total of (a) and 3(b))
(2) %	
(3)	
(4)	
Totals Total dividends-received deductions included in column 8 Enter here and on line 7, column (A), Part I, page 1 column (B),	and on line 7, Part I, page 1
Schedule F — Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)	
Exempt Controlled Organizations	
organization identification income (loss) payments made that is included connecte	ctions directly d with income column 5
(1)	
(2)	
(3)	
(4) Nonexempt Controlled Organizations	
7 Taxable income 8 Net unrelated 9 Total of specified 10 Part of column 9 that is 11 Deduction	s directly
income (loss) payments made included in the controlling connected wi organization's gross income in colum	th income
(1)	
(2)	
(3) (4)	
Add columns 5 and 10. Enter here and on line 8, column (A), Part I, page 1. Add columns 6 a here and on line Part I, page 1.	

Schedule G — Investment Inco	ne of a Section	501(c	;)(7), (9) <u>,</u>	, or (17) Organ	ization (See ins	tructions	s.)	
1 Description of income	2 Amount of inc	ome	direc	Deductions tly connected ach schedule)	4 Set-aside (attach sched		set-asi	deductions and des (column 3 s column 4)
(1)								
(2)								
(3)								
(4)								
()	Enter here and on column (A), Pa	line 9,			1		Enter he	re and on line 9, nn (B), Part I,
	page 1.	ι (ι,					Colum	page 1.
Totals			<u></u>				<u> </u>	
Schedule I — Exploited Exempt	Activity Incom	e, Oth	er Ihan	T	ncome (See insti	ructions	.)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dir con with pr of ur bus	penses rectly nected roduction nrelated siness come	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Gross income from activity that is not unrelated business income	attribu	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)			*********					
(4)					· · · · · ·			
Column totals	Enter here and on line 10, column (A), Part I, page 1.	on I colu	here and ine 10, mn (B), , page 1.					Enter here and on line 26, Part II, page 1.
Schedule J - Advertising Incom	me (See instruction	ns.)				*****************	************************	I .
Part I Income from Periodic			nsolida	ted Basis				
man month of the man o		1 4 00	moonaa	4 Advertising	1	Ι		
1 Name of periodical	2 Gross advertising income	adv	Direct ertising osts	gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7	5 Circulation income		adership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) 3300 Ads: 3320 Directory Ad	s 99.		100.		196.		650.	/
(2) 3300 Ads:3310 Newsletter Ad			1,301.		150.		5,951.	
1 23.00	3 107.		1,501.			-	J, JJI.	
(3)								
Column totals (carry to Part II,								
line (5))	<u>►</u> 286.		1,401.	-1,115.	<u> </u>			
Part II Income from Periodic 7 on a line-by-line basis.)	als Reported o	n a Se	parate E	Basis (For each	periodical listed in	Part II,	fill in colu	ımns 2 through
(1)								
(2)								
(3)								
(4)								
(5) Totals from Part I	. 286.		1,401.					
Column totals, Part II	Enter here and on line 11, column (A), Part I, page 1.	Enter on I colu Part I	here and line 11, mn (B), , page 1. 1,401.					Enter here and on line 27, Part II, page 1.
Schedule K - Compensation o				i stees (See instr	uctions.)			
1 Name				2 Title	3 Percent of time devote to busines	ed 4		ation attributable ated business
				·		%		
	,	<u> </u>			· · · · · · · · · · · · · · · · · · ·	%		N. 1/4
			·			%		
		1				%		
Total - Enter here and on line 14, Par	t II, page 1					. >	·····	

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
4000 Admin:4100 Fin. Admin.:419	28.		28.	
4000 Admin:4500 Dues:4598 Dues	109.		109.	

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
PrePaid Dues PrePaid Postage:Other	-3,970.	-4,620. 21.
Total	3,970.	-4,599.

Form 990, Page 3, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
1300 Sales Tax Payable	1.	0.
Total	1.	0.

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
MGWA Foundation Transfers	-10,161.
Total	-10,161.

Supporting Statement of:

Form 990 p 2/Line 38 column (B)

Description	Amount
Other Printing Expenses	2,220.
Newsletter Expenses (990T)	7,252.
Directory Expenses (990T)	750.
Total	10,222.

Supporting Statement of:

Form 990 p 2/Program Service Expenses-b

	Description	Amount
6100		7,252.
6100 4536		376.
4541		175.
4551		500.
4541 4551 4561		27.
Total		8,330.

Supporting Statement of:

Form 990 p 2/Program Service Expenses-d

Description	Amount
Fall Conference	6,215.
Field Trip	6,193.

Total 12,408.

Supporting Statement of:

Form 990 p 2/Other Program Service Exp

Description	Amount
7300 Public Service (small stuff not done by MGWAF)	126.
6300 Correspoondance	12.
4336	1.
Total	139.

Supporting Statement of:

Form 990 p 3/Line 45, column (A)

Description	Amount
Wells Fargo Chrcking	5,155.
1200 Undeposited Funds	950.
PrePaid Postage:Postage Due Account	304.
Total	6,409.

Supporting Statement of:

Form 990 p 3/Line 45, column (B)

Description	Amount
1100 Wells Fargo Checking 1200 Undeposited Funds	17,927. 350.
Total	18,277.

Supporting Statement of:

Form 990 p 3/Line 72, column (B)

Description	Amount
Net Income	14,284.
Retained Earnings	-6,271.
Total	8,013.

11:39 PM 07/31/02 Accrual Basis

Minnesota Ground Water Association Profit & Loss

January through December 2001

	Jan - Dec 01
Income 3100 Contributions	
3150 Recycling 3160 Scholarship 3100 Contributions - Other	5.00 135.00 -140.00
Total 3100 Contributions	0.00
3200 Dues	
3210 Professional 3220 Student 3230 Corp. Membership	12,655.00 60.00 443.00
Total 3200 Dues	13,158.00
3300 Ads 3310 Newsletter Ads 3320 Directory Ads	187.00 99.00
Total 3300 Ads	286.00
3400 Interest 3500 Prog. Fees	0.00
3510 Spring Conference 3520 Fall Conference Fees 3530 Field Trip Fees	19,820.00 12,110.00 6,575.00
Total 3500 Prog. Fees	38,505.00
3600 Products 3620 Directory 3640 Mug 3660 Plaques	196.00 6.57 60.00
Total 3600 Products	262.57
Total Income	52,211.57
Cost of Goods Sold Cost of Goods Sold	8.40
Total COGS	8.40
Gross Profit	52,203.17
Expense	
4000 Admin 4036 Gen. Postage 4061 Gen. Supplies 4066 Gen. Phone 4100 Fin. Admin.	4.66 79.00 293.98
4136 Postage	7.04
4141 Fin Copies 4151 Bookkeeping	20.05 1,200.00
4161 Supplies	319.18
4198 Bad Debts	10.00
4199 Bank Fees	27.51
Total 4100 Fin. Admin.	1,583.78
4200 PO Expen 4220 Permit Fees	125.00
Total 4200 PO Expen	125.00

11:39 PM 07/31/02 Accrual Basis

Minnesota Ground Water Association Profit & Loss

January through December 2001

	Jan - Dec 01
4300 Corr. 4336 Admin Postage	1.02
Total 4300 Corr.	1.02
4400 BOD	
4410 Meal Expense	78.35
Total 4400 BOD	78.35
4500 Dues 4536 Billing Postage 4541 Billing Printing 4551 Labor 4561 Billing Supplies 4566 Dues Calls 4598 Dues Visa Fees	376.01 174.90 500.00 27.15 84.94 108.61
Total 4500 Dues	1,271.61
4600 DB Maint 4651 Labor	2,400.00
Total 4600 DB Maint	2,400.00
Total 4600 DB Waint	2,400.00
Total 4000 Admin	5,837.40
5000 Programs 5100 Spring Conf 5110 Speakers 5126 Facility 5127 Refreshments 5128 Audio-Visual 5136 Postage 5138 Mailing Service 5141 Copies 5151 Labor 5161 Supplies 5166 Calls 5171 Mileage 5199 Bank Fees	590.47 2,200.00 3,360.00 1,042.00 1,006.26 160.00 646.95 1,750.00 370.54 84.94 83.53 239.16
Total 5100 Spring Conf	11,533.85
5200 Fall Conf 5210 Speakers 5226 Facility 5227 Refreshments 5228 Audio-Visual 5236 Postage 5238 Mailing Service 5241 Printing 5251 Labor 5261 Supplies 5266 Fall Conference C 5271 Mileage 5298 VISA fees	27.17 1,365.00 1,982.50 594.00 394.44 103.36 403.01 1,050.00 37.87 84.95 9.00 163.70
Total 5200 Fall Conf	6,215.00

11:39 PM 07/31/02 Accrual Basis

Minnesota Ground Water Association Profit & Loss

January through December 2001

	Jan - Dec 01
5300 Field Trip	
5310 Speakers	80.61
5326 Facilities	88.00
5327 Food	2,126.00
	408.70
5336 Postage	
5338 Mailing Service	59.63
5341 Printing	980.43
5351 Labor	412.50
5361 Supplies	129.26
5371 Transp	1,600.00
5398 VISA Fees	55.41
5399 Profit Split	252.23
Total 5300 Field Trip	6,192.77
Total 5000 Programs	23,941.62
6000 Mem Services	
6100 Newsletter	
6136 Postage	983.40
6138 Mailing Service	105.44
6141 Printing	2,690.63
6142 Ad Costs	1,300.62
6151 Labor	2,133.70
6171 Mileage	38.14
Total 6100 Newsletter	7,251.93
6200 Directory	
6242 Ad Costs	100.00
6251 Contract Labor	650.00
Total 6200 Directory	750.00
6300 Member Corresp.	
6336 Postage	10.22
6341 Copies	1.60
Total 6300 Member Corre	11.82
Total 6000 Mem Services	8,013.75
7000 Public Service	
7100 Donations	0.00
7300 Public Education	
7326 Facility	20.00
7336 Postage	33.28
7341 MGWAF Printing	13.30
7351 Web Labor	0.00
7361 Supplies	59.70
Total 7300 Public Educati	126.28
Total 7000 Public Service	126.28
Total Expense	37,919.05
Net Income	14,284.12

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Minnesota Ground Water Association Balance Sheet

As of December 31, 2000

	Dec 31, 00
ASSETS Current Assets Checking/Savings	
1100 Wells Fargo Checking 1150 Money Market	5,154.93 16,955.97
Total Checking/Savings	22,110.90
Accounts Receivable Accounts Receivable	25.00
Total Accounts Receivable	25.00
Other Current Assets 1200 Undeposited Funds Inventory Asset PrePaid Postage	950.00 373.11 303.71
Total Other Current Assets	1,626.82
Total Current Assets	23,762.72
Other Assets Prepaid Dues	-3,970.00
Total Other Assets	-3,970.00
TOTAL ASSETS	19,792.72
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable Accounts Payable	2,223.39
Total Accounts Payable	2,223.39
Other Current Liabilities 1300 Sales Tax Payable	1.10
Total Other Current Liabili	1.10
Total Current Liabilities	2,224.49
Total Liabilities	2,224.49
Equity Opening Bal Equity Retained Earnings Net Income	13,651.84 2,475.42 1,440.97
Total Equity	17,568.23
TOTAL LIABILITIES & EQUITY	19,792.72

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Minnesota Ground Water Association Balance Sheet

As of December 31, 2001

	Dec 31, 01
ASSETS Current Assets Checking/Savings	
1100 Wells Fargo Checking 1150 Money Market	17,927.43 6,791.65
Total Checking/Savings	24,719.08
Accounts Receivable Accounts Receivable	950.00
Total Accounts Receivable	950.00
Other Current Assets 1200 Undeposited Funds Inventory Asset PrePaid Postage	350.00 270.84 20.81
Total Other Current Assets	641.65
Total Current Assets	26,310.73
Other Assets Prepaid Dues	-4,620.00
Total Other Assets	-4,620.00
TOTAL ASSETS	21,690.73
LIABILITIES & EQUITY Liabilities Current Liabilities Other Current Liabilities	
1300 Sales Tax Payable	0.43
Total Other Current Liabili	0.43
Total Current Liabilities	0.43
Total Liabilities	0.43
Equity Opening Bal Equity Retained Earnings Net Income	13,676.84 -6,270.66 14,284.12
Total Equity	21,690.30
TOTAL LIABILITIES & EQUITY	21,690.73